

ST. ATTRACTA’S JUNIOR NATIONAL SCHOOL

**MEADOWBROOK, DUNDRUM, DUBLIN 16**

[www.stattractasjns.ie](http://www.stattractasjns.ie/) stattractasjns@gmail.com

**Principal: Thomas Neary**

**Phone:** 01-2984352

**applicationstajns@gmail.com**

**2025/2026 APPLICATION FORM**

**TICK ONE STREAM: Junior Infants □ Senior Infants □ First Class □ Second Class □**

# (1) YOUR CHILD

Child’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex (M/F): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Language of the Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.P.S. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### (2) PARENTS/GUARDIANS

Parent 1/Guardian 1 Parent 2/Guardian 2

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### (3) YOUR FAMILY

How many children in the family? \_\_\_\_\_\_\_ Where does this child come in the family? \_\_\_\_\_\_\_

If you **have OR had** other children in St. Attracta’s Junior or Senior School please complete the details below:

1) Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **For Office Use Only: Bir ❒ Date Processed**  **PLEASE TURN OVER⇒**

**(4) AT THE MOMENT**

##### If your child is attending any of the following please tick the appropriate box:

Montessori  Playschool Primary  Other 

Name of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(5) YOUR CHILD’S HISTORY TO DATE**

**a)** If your child has any of the following conditions please tick the appropriate box below:

Impaired Vision  Hearing Loss  Asthma  Allergies 

Speech and Language Delay  Bowel/Kidney Disorder  Mobility problems 

Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**b)** If your child has had any of the following assessments please tick the appropriate box below:

Speech and Language  Emotional and Behavioural  Psychological  Other 

Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**c)** Is your child on any medication? YES  NO 

Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Family Doctor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### (6) IN CASE OF EMERGENCY: We need to have TWO LOCAL alternative contact names, just in case parents cannot be contacted. It is essential that the people named below have a different address to those of the parent/s and that they HAVE given their consent for their names to be used.

Name: **1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **2)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of an accident/emergency I consent to my child being brought directly to a doctor/hospital.**

Please tick: YES  NO 

**(7) In compliance with the The Data Protection Acts (1988-2018) and the EU General Data Protection Regulation (GDPR), information on this application form will be held on computer/hard copy for those purposes specified in the Enrolment Policy. Information may be shared with other schools.**

**(8) I HAVE READ, UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS OF THE SCHOOL ENROLMENT POLICY. I HAVE ENCLOSED THE DOCUMENTS REQUIRED TO ACCOMPANY THIS APPLICATION.**

SIGNED: **Parent 1/Guardian 1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Application Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED: **Parent 2/Guardian 2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Application Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**NB Where both Parents/Guardians have joint custody of the child both parties must sign the application.**

**THE BOARD OF MANAGEMENT**

**ST. ATTRACTA’S JUNIOR NATIONAL SCHOOL**

MEADOWBROOK

 DUNDRUM

 DUBLIN 16

##  Phone: 01-2984352

 **Roll No:** 19537B

**CHECKLIST**

|  |  |  |
| --- | --- | --- |
|  | ***HAVE YOU DONE ALL OF THE FOLLOWING?*** | ***TICK*** |
|  | Complete all sections of the form **(incomplete forms** cannot be processed and will be **returned**) |  |
|  | Sign and date the form. (Where **both** parents have joint custody of the child, **both** parents must sign) |  |
|  | * Enclose or attach a copy of the childs **birth certificate**
 |  |
|  | * **APPLICATIONS FROM ALL NEW families living in the parish of Meadowbrook ONLY.**
* **Proof of address is required as follows:**
* Two (2) original utility bills ***in the name of either parent who has signed the Application Form*** – with both first name and surname – must accompany the application. PLEASE SEE APPENDIX 2 OF ADMISSIONS POLICY FOR LIST OF ACCEPTABLE BILLS
 |  |
|  | Submit all of the above in an envelope addressed as follows:ADMISSIONS OFFICE 2025St. Attracta’s Junior National SchoolMeadowbrookDundrumDublin 16**OR**Email all documents to **applicationstajns@gmail.com** |  |
|  | All applications will be acknowledged by email. |  |

**ALL FULLY COMPLETED APPLICATIONS MUST BE RETURNED TO THE SCHOOL BY 3.00 P.M. ON FRIDAY 8TH NOVEMBER 2024**